

● GAU 1719 V/Z

Patent Attorney's Docket No. <u>022701-859</u>

#9

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re	Paten	at Application of)						
		OI SILVESTRO et al) Group Art Unit: 1714						
)						
Appli	catio	n No.: 09/462,381) Examiner: K. Wyrozebski-Lee)						
Filed:	Ma	rch 27, 2000	BECE.						
For:		HERMOPLASTIC	CEIVE						
		OPOLYAMIDE, COMPOSITION ASED THEREON	OCT 1 7 2001						
	D F	ASED THEREON	RECEIVE OCT 1 7 2001 TC 1700						
		AMENDMENT/REPLY T	RANSMITTAL LETTER						
		Commissioner for Patents on, D.C. 20231							
Sir:									
]	Enclo	osed is a reply for the above-identified pa	atent application.						
I	[X]	A Petition for Extension of Time is also	enclosed.						
	[]	A Terminal Disclaimer and a check for requisite Government fee are also enclo	[] \$55.00 (248) [] \$110.00 (148) to cover the osed.						
	[]	Also enclosed is	·						
	[]	Small entity status is hereby claimed.							
	[]	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (279) [] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).							
		[] Applicant(s) previously submitted requested.	, on, for which continued examination is						
	[]	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.							
	[]	A Request for Entry and Consideration (146/246) is also enclosed.	n of Submission under 37 C.F.R. § 1.129(a)						
	ſΊ	No additional claim fee is required.							

[X] An additional claim fee is required, and is calculated as shown below:

		AMENDED	CLAIMS	3		
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE	
Total Claims	30	MINUS 20 =	10	× \$18.00 (103) =	180.00	
Independent Claims	2	MINUS 3 =	0	× \$84.00 (102) =		
If Amendment adds m	ultiple depende	ent claims, add \$280	0.00 (104)			
Total Amendment Fee						
If small entity status is	claimed, subt	ract 50% of Total A	mendment Fe	ee		
TOTAL ADDITIONA	AL FEE DUE	FOR THIS AMEN	DMENT		180.00	

[]	Α	claim	fee	in t	he	amount	of	\$		is	enclosed
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[X] Charge \$ 180.00 to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: October 11, 2001